

CAHPSTM 2.0

**Child Supplemental
Questions**

October, 1998

TABLE OF CONTENTS

	Page
COMMUNICATION.....	1
INTERPRETER	2
DENTAL CARE	4
CHRONIC CONDITIONS.....	5
PRESCRIPTION MEDICINE.....	12
TRANSPORTATION	13
CLAIMS PROCESSING	14
MEDICAID ENROLLMENT	16
COVERED BY MULTIPLE PLANS	17
WELL CHILD CARE	17
HEDIS SET.....	18

COMMUNICATION

Insert C1 and C2 after Q-28 in "Your Child's Health Care in the Last 12 Months" section of the CAHPS 2.0 Child Core Questionnaire

For Medicaid, reference period should be stated as "In the Last 6 Months"

C1. In the last 12 months, how often did you have a hard time speaking with or understanding your child's doctors or other health providers because you spoke different languages?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- My child had no visits in the last 12 months.

C2. In the last 12 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- My child had no visits in the last 12 months or my child is not old enough to speak to health providers.

INTERPRETER

Insert I1 to I4 after Q-34 in "Your Child's Health Care in the Last 12 Months" section of the CAHPS 2.0 Child Core Questionnaire

For Medicaid, reference period should be stated as "In the Last 6 Months"

- I1. An interpreter is someone who repeats or signs what one person says in a language used by another person.**

In the last 12 months, did you need an interpreter to help you speak with your child's doctors or other health providers?

¹ Yes

² No **Go to Question 35 of the CAHPS 2.0 Child Core Questionnaire**

- I2. In the last 12 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?**

¹ Never

² Sometimes

³ Usually

⁴ Always

My child had no visits in the last 12 months or I didn't need an interpreter in the last 12 months.

- I3. In the last 12 months, did your child need an interpreter to help him or her speak with doctors or other health providers?**

¹ Yes

² No **Go to Question 35 of the CAHPS 2.0 Child Core Questionnaire**

- I4. In the last 12 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did he or she get one?**

¹ Never

² Sometimes

³ Usually

⁴ Always

My child had no visits in the last 12 months or my child didn't need an interpreter in the last 12 months.

INTERPRETER (continued)

*Insert I5 and I6 after Q-46 in "About Your Child and You" section
of the CAHPS 2.0 Child Core Questionnaire*

I5. What language do you mainly speak at home?

- Language 1
- Language 2
- Language 3
- Language 4

I6. What language does your child mainly speak at home?

- Language 1
- Language 2
- Language 3
- Language 4

DENTAL CARE

Insert D1 to D3 after Q-34 in "Your Child's Health Care in the Last 12 Months" section of the CAHPS 2.0 Child Core Questionnaire

For Medicaid, reference period should be stated as "In the Last 6 Months"

D1. In the last 12 months, did your child get care from a dentist's office or dental clinic?

¹ Yes

² No **Go to Question 35 of the CAHPS 2.0 Child Core Questionnaire**

D2. In the last 12 months, how many times did your child go to a dentist's office or dental clinic?

None **Go to Question 35 of the CAHPS 2.0 Child Core Questionnaire**

¹ 1

² 2

³ 3

⁴ 4

⁵ 5 to 9

⁶ 10 or more

D3. We want to know your rating of all your child's dental care from all dentists and other dental providers in the last 12 months.

Use any number from 0 to 10 where 0 is the worst dental care possible, and 10 is the best dental care possible. How would you rate your child's dental care?

0 Worst dental care possible

1

2

3

4

5

6

7

8

9

10 Best dental care possible

My child didn't have any dental care in the last 12 months.

CHRONIC CONDITIONS

Insert CC 1 to CC5 after Q-7 in "Your Child's Personal Doctor or Nurse" section of the CAHPS 2.0 Child Core Questionnaire

For Medicaid, reference period should be stated as "In the Last 6 Months" except for CC29

CC1. Is this person a general doctor, a pediatrician, a specialist doctor, a physician assistant, or a nurse?

- ¹ General doctor (Family practice or general pediatrician)
- ² Specialist doctor
- ³ Physician assistant
- ⁴ Nurse
- My child doesn't have a personal doctor or nurse.

CC2. How many months or years has your child been going to his or her personal doctor or nurse?

- ¹ Less than 6 months
- ² 6 up to 12 months
- ³ 12 up to 24 months
- ⁴ 2 up to 5 years
- ⁵ 5 years or more
- My child doesn't have a personal doctor or nurse.

CC3. Does your child have a physical, emotional, or mental condition that seriously interferes with your child's ability to do the things most children that age can do?

- ¹ Yes
- ² No **Go to Question 8 of the CAHPS 2.0 Child Core Questionnaire**

CC4. Does your child's personal doctor or nurse understand how any health problems your child has affect his or her day-to-day life?

- ¹ Yes
- ² No
- My child doesn't have any health problems or my child doesn't have a personal doctor or nurse.

CHRONIC CONDITIONS (continued)

CC5. Does your child’s personal doctor or nurse understand how any health problems your child has affect your and your family’s day-to-day life?

¹ Yes

² No

My child doesn’t have any health problems or my child doesn’t have a personal doctor or nurse.

Insert CC6 and CC7 after Q-29 in “Your Child’s Health Care in the Last 12 Months” section of the CAHPS 2.0 Child Core Questionnaire

CC6. In the last 12 months, have any of your child’s doctors or other health providers talked with you about the skills you need to take care of your child?

¹ Yes

² No

My child had no visits in the last 12 months.

CC7. In the last 12 months, have any of your child’s doctors or other health providers given you reassurance and support about the care you are providing for your child?

¹ Yes

² No

My child had no visits in the last 12 months.

Insert CC8 to CC13 after Q-33 in “Your Child’s Health Care in the Last 12 Months” section of the CAHPS 2.0 Child Core Questionnaire

CC8. We want to know how you, your child’s doctors, and other health providers make decisions about your child’s health care.

In the last 12 months, were any decisions made about your child’s health care?

¹ Yes

² No **Go to CC11**

CHRONIC CONDITIONS (continued)

CC9. In the last 12 months, how often were you involved as much as you wanted in these decisions about your child's health care?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- No decisions were made about my child's health care in the last 12 months.

CC10. In the last 12 months, how much of a problem, if any, was it to get your child's doctors or other health providers to agree with you on the best way to manage your child's health conditions or problems?

- ¹ A big problem
- ² A small problem
- ³ Not a problem
- No decisions were made about my child's health care in the last 12 months.

CC11. Is your child now enrolled in any kind of school?

- ¹ Yes
- ² No **Go to Question 34 of the CAHPS 2.0 Child Core Questionnaire**

CC12. Does your child have health care needs that require any special help from teachers, nurses, or staff at your child's school?

- ¹ Yes
- ² No **Go to Question 34 of the CAHPS 2.0 Child Core Questionnaire**
- My child isn't enrolled in any school.

CC13. In the last 12 months, have any of your child's doctors or other health providers helped let the school know about these needs?

- ¹ Yes
- ² No
- My child isn't enrolled in any school or my child doesn't require help with health care needs at school.

CHRONIC CONDITIONS (continued)

Insert CC14 to CC26 after Q-34 in "Your Child's Health Care in the Last 12 Months" section of the CAHPS 2.0 Child Core Questionnaire

CC14. In the last 12 months, did your child have any health problem that required you to get or replace any special medical equipment or devices such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

- ¹ Yes
² No **Go to CC16**

CC15. In the last 12 months, how much of a problem, if any, was it to get the special medical equipment your child needed through your child's health plan?

- ¹ A big problem
² A small problem
³ Not a problem
 My child didn't need to get any special medical equipment in the last 12 months.

CC16. In the last 12 months, did your child have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

- ¹ Yes
² No **Go to CC18**

CC17. In the last 12 months, how much of a problem, if any, was it to get the therapy your child needed through your child's health plan?

- ¹ A big problem
² A small problem
³ Not a problem
 My child didn't need any physical, occupational, or speech therapy in the last 12 months.

CC18. Home health care services can include home nursing, help with feeding, bathing or dressing your child, or help with basic household tasks.

In the last 12 months, has your child needed home health care services?

- ¹ Yes
² No **Go to CC20**

CHRONIC CONDITIONS (continued)

CC19. In the last 12 months, how much of a problem, if any, was it to get these home health services for your child through your child's health plan?

¹ A big problem

² A small problem

³ Not a problem

My child didn't need any home health care in the last 12 months.

CC20. Respite care is short term care for your child that allows you to take some time off from caring for your child.

In the past 12 months, did you need respite services for your child?

¹ Yes

² No **Go to CC22**

CC21. In the last 12 months, how much of a problem, if any, was it to get these respite services through your child's health plan?

¹ A big problem

² A small problem

³ Not a problem

I did not need any respite services for my child in the last 12 months.

CC22. We want to know your rating of how well your health plan has done in providing the equipment, services, and help to meet your child's needs.

Use any number from 0 to 10 where 0 is the worst your plan could do, and 10 is the best your plan could do. How would you rate your health plan now?

0 Worst your health plan could do

1

2

3

4

5

6

7

8

9

10 Best your health plan could do

CHRONIC CONDITIONS (continued)

CC23. Does your child have any kind of emotional, developmental, or behavior difficulty now for which he or she has received treatment or counseling?

- ¹ Yes
- ² No

CC24. In the last 12 months, did your child have any treatment or counseling for an emotional, developmental, or behavior difficulty?

- ¹ Yes
- ² No **Go to Question 35 of the CAHPS 2.0 Child Core Questionnaire**

CC25. In the last 12 months, how much of a problem, if any, was it for you to get this treatment or counseling through your child's health plan?

- ¹ A big problem
- ² A small problem
- ³ Not a problem
- My child did not receive treatment or counseling in the last 12 months.

CC26. We want to know your rating of your child's treatment or counseling for emotional, developmental, or behavior difficulties.

Use any number from 0 to 10 where 0 is the worst treatment or counseling possible, and 10 is the best treatment or counseling possible. How would you rate your child's treatment or counseling now?

- 0 Worst treatment or counseling possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best treatment or counseling possible
- My child did not receive treatment or counseling in the last 12 months.

CHRONIC CONDITIONS (continued)

*Insert CC27 to CC31 after Q-42 in "About Your Child and You"
section of the CAHPS 2.0 Child Core Questionnaire*

CC27. In the last 12 months, has your child been a patient in a hospital overnight or longer?

- ¹ Yes
² No

CC28. Does your child now have any medical conditions that have lasted or are expected to last for at least 3 months?

- ¹ Yes
² No **Go to Question 43 of the CAHPS 2.0 Child Core Questionnaire**

CC29. In the last 12 months, has your child seen a doctor or other health provider more than twice for any of these conditions?

- ¹ Yes
² No
 My child has no conditions that have lasted 3 months.

CC30. Has your child been taking prescription medicine regularly for any of these?

- ¹ Yes
² No
 My child has no conditions that have lasted 3 months.

CC31. How much does your child's health affect your family life?

- ¹ Not at all
² Some
³ A great deal

PRESCRIPTION MEDICINE

Insert PM1 to PM3 after Q-41 in "Your Child's Health Plan" section of the CAHPS 2.0 Child Core Questionnaire

For Medicaid, reference period should be stated as "In the Last 6 Months"

PM1. In the last 12 months, did your child get any new prescription medicine or refill a prescription?

¹ Yes

² No **Go to Question 42 of the CAHPS 2.0 Child Core Questionnaire**

PM2. In the last 12 months, did you pick up any of your child's prescription medicine?

¹ Yes

² No **Go to Question 42 of the CAHPS 2.0 Child Core Questionnaire**

PM3. In the last 12 months, how much of a problem, if any, was it to get your child's prescription medicine from your health plan?

¹ A big problem

² A small problem

³ Not a problem

My child didn't get any prescriptions in the last 12 months.

PM4. In the last 12 months, how often did your child get the prescription medicine he or she needed through his or her health plan?

¹ Never

² Sometimes

³ Usually

⁴ Always

My child didn't get any prescriptions in the last 12 months.

TRANSPORTATION

*Insert T1 to T3 after Q-41 in “Your Child’s Health Plan” section
of the CAHPS 2.0 Child Core Questionnaire*

For Medicaid, reference period should be stated as “In the Last 6 Months”

T1. Some health plans help with transportation for your child to doctors’ offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage.

In the last 12 months did you call your child’s health plan to get help with transportation for your child?

¹ Yes

² No **Go to Question 42 of the CAHPS 2.0 Child Core Questionnaire**

T2. In the last 12 months, when you called to get help with transportation from your child’s health plan, how often did you get it?

¹ Never **Go to Question 42 of the CAHPS 2.0 Child Core Questionnaire**

² Sometimes

³ Usually

⁴ Always

I didn’t need help with transportation for my child in the last 12 months.

T3. In the last 12 months, how often did the help with transportation for your child meet your needs?

¹ Never

² Sometimes

³ Usually

⁴ Always

I didn’t need help with transportation for my child in the last 12 months.

CLAIMS PROCESSING

Insert CP1 to CP4 before Q-35 in "Your Child's Health Plan" section of the CAHPS 2.0 Child Core Questionnaire

CP1. Claims are sent to a health plan for payment. You may send in your child's claims yourself, or doctors, hospitals, or others may do this for your child.

In the last 12 months, did you or anyone else send in any claims for your child to your child's health plan?

¹ Yes

² No

Go to Question 35 of the CAHPS 2.0 Child Core Questionnaire

Don't Know

Go to Question 35 of the CAHPS 2.0 Child Core Questionnaire

CP2. In the last 12 months, how often did your child's health plan handle your child's claims in a reasonable time?

¹ Never

² Sometimes

³ Usually

⁴ Always

Don't Know

No claims were sent to my child's health plan in the last 12 months.

CP3. In the last 12 months, how often did your child's health plan handle your child's claims correctly?

¹ Never

² Sometimes

³ Usually

⁴ Always

Don't Know

No claims were sent to my child's health plan in the last 12 months.

CLAIMS PROCESSING (continued)

CP4. In the last 12 months, before your child went for care, how often did your child's health plan make it clear how much you would have to pay?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- Don't Know
- No claims were sent to my child's health plan in the last 12 months.

MEDICAID ENROLLMENT

Insert ME1 to ME4 before Q-35 in “Your Child’s Health Plan” section of the CAHPS 2.0 Child Core Questionnaire

When using this set of questions, note that Q-3 and Q-4 from the CAHPS 2.0 Child Core Questionnaire appear after ME1, instead of the beginning of the questionnaire.

ME1. Some states pay health plans to care for people covered by {Medicaid/State name for Medicaid}. With these health plans, you may have to choose your child’s doctor from the plan list or take your child to a clinic or health care center on the plan list.

Is your child covered by a health plan like this?

¹ Yes

² No **Go to Question 35 of the CAHPS 2.0 Child Core Questionnaire**

ME2. Did you choose your child’s health plan or were you told which plan your child was in?

¹ I chose my child’s plan.

² I was told which plan my child was in.

ME3. You can get information about your child’s plan services in writing, by telephone, or in-person.

Did you get any information about your child’s health plan before you signed him or her up for it?

¹ Yes

² No **Go to Question 35 of the CAHPS 2.0 Child Core Questionnaire**

ME4. How much of the information you were given before you signed your child up for the plan was correct?

¹ All of it

² Most of it

³ Some of it

⁴ None of it

I didn’t get any information about my child’s health plan.

COVERED BY MULTIPLE PLANS

Insert MP1 after Q-4 of the CAHPS 2.0 Child Core Questionnaire

MP1. Not counting dental insurance, is your child covered by any other health plan?

¹ Yes

² No

WELL CHILD CARE

Insert WC1 to WC4 after Q-34 in "Your Child's Health Care in the Last 12 Months" section of the CAHPS 2.0 Child Core Questionnaire

Questions WC1-WC4 are to be asked of children age 2 or younger

WC1. Is your child 2 years old or younger?

¹ Yes

² No **Go To Question 35 of the CAHPS 2.0 Child Core Questionnaire**

WC2. Reminders from the doctor's office or clinic or from the health plan can come to you by mail, by telephone, or in-person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

¹ Yes

² No

WC3. Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?

¹ Yes

² No **Go To Question 35 of the CAHPS 2.0 Child Core Questionnaire**

WC4. Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?

¹ Yes

² No

HEDIS SET

Insert H1 to H3 after Q-38 in the “Your Child’s Health Plan” section of the CAHPS 2.0 Child Core Questionnaire

For Medicaid, reference period should be stated as “In the Last 6 Months”

H1. In the last 12 months, have you called or written to your child’s health plan with a complaint or problem?

¹ Yes

² No **Go to Question 39 of the CAHPS 2.0 Child Core Questionnaire**

H2. How long did it take for your child’s health plan to resolve your complaint?

¹ Same day

² 1 week

³ 2 weeks

⁴ 3 weeks

⁵ 4 or more weeks

⁶ I am still waiting for it to be settled.

I haven’t called or written with a complaint or problem in the last 12 months.

H3. Was your complaint or problem settled to your satisfaction?

¹ Yes

² No

³ I am still waiting for it to be settled.

I haven’t called or written with a complaint or problem in the last 12 months.

HEDIS SET (continued)

*Insert H4 after Q-18 in “Your Child’s Health Care In The Last 12 Months”
section of the CAHPS 2.0 Child Core Questionnaire*

H4. In the last 12 months, how many days did your child usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- ¹ Same day
- ² 1 day
- ³ 2-3 days
- ⁴ 4-7 days
- ⁵ 8-14 days
- ⁶ 15-30 days
- ⁷ 31 days or longer
- My child didn’t need an appointment for regular or routine care in the last 12 months.

*Insert H5 after Q-20 in “Your Child’s Health Care In The Last 12 Months”
section of the CAHPS 2.0 Child Core Questionnaire*

H5. In the last 12 months, how long did your child usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

- ¹ Same day
- ² 1 day
- ³ 2 days
- ⁴ 3 days
- ⁵ 4-7 days
- ⁶ 8-14 days
- ⁷ 15 days or longer
- My child didn’t need care right away for an illness or injury in the last 12 months.